

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0168  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 435 or 446.

For Officer Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>7823</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RICK R. MOSS</u> P.O. Box, Bldg., Room No., if any Street <u>120 BETSCHER AVE</u> City <u>DOVER</u> State <u>Ohio</u> ZIP Code + 4 <u>44622</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS LOCAL UNION NO. 550</u> Labor Organization File Number <u>032-576</u> P.O. Box, Building and Room Number, if any Street <u>618 HIGH AVENUE N.W.</u> City <u>CANTON</u> State <u>Ohio</u> ZIP Code + 4 <u>44703</u>
5. Position in labor organization. <u>VICE PRESIDENT, EXAM. COMMITTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount \$0.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Rick R. Moss

On

7/7/2005

Date

330/455-5164

Telephone Number

City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

\_\_\_\_\_

11.b. Approximate dollar value of such dealing.

\_\_\_\_\_

12.a. Nature of interest held or income received.

\_\_\_\_\_

12.b. Amount.

\_\_\_\_\_

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\_\_\_\_\_